

Case Number:	CM15-0162825		
Date Assigned:	08/31/2015	Date of Injury:	05/10/2012
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male, who sustained an industrial injury on May 10, 2012. The injured worker was diagnosed as having cervical disc herniation, right shoulder tendinitis and myospasm. Treatment to date has included medication, surgery, physical therapy, work hardening and injection. A progress note dated July 9, 2015 provides the injured worker complains of neck pain rated 2 out of 10 and right shoulder pain rated 5 out of 10. Physical exam notes cervical tenderness to palpation with spasm and decreased range of motion (ROM). There is tenderness to palpation of the right shoulder with spasm, decreased range of motion (ROM) and impingement. The plan includes x-rays, magnetic resonance imaging (MRI), lab work, nerve block and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right suprascapular nerve block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Suprascapular nerve block.

Decision rationale: Per ODG suprascapular nerve block is recommended, "Suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. It improves pain, disability, and range of movement at the shoulder compared with placebo. The use of bupivacaine suprascapular nerve blocks was effective in reducing the pain of frozen shoulder at one month, but not range of motion. Suprascapular nerve blocks have produced faster and more complete resolution of pain and restoration of range of movement than a series of intra-articular injections. (Dahan, 2000) (Jones, 1999) (Shanahan, 2003) (Shanahan, 2004) According to this systematic review, there was moderate evidence for the effectiveness of suprascapular nerve block compared with acupuncture, placebo, or steroid injections for pain relief." I respectfully disagree with the UR physician's assertion that there is insufficient clinical information provided to support the request. Per the medical records, MRI of the right shoulder dated 3/4/14 revealed acromio-clavicular osteoarthritis. The request is medically necessary.